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W. E. H.

A

Dissertation on the

Nature History and

Treatment of Dysentery

by James Darrah

of

Pennsylvania

An Inaugural Essay

In complying with the laws and regulations of this University which oblige the candidate (for graduation,) to write a dissertation on some medical subject, I beg leave to offer though with much diffidence, a few remarks on the nature, history, and treatment of Dysentery.

As this disease owing to its mortality and universal prevalence; has claimed the attention of medical men from the earliest ages, it cannot be expected that one who acknowledges himself a tyro in science, and letters, should advance any thing new, profound, or highly polished.

A plain and simple statement of what I have acquired during a limited course of reading and the usual attendance on medical lectures is all that must be looked for; as but little has yet been acquired either by observation or experience.

History of Dysentery.

Dysentery is a disease of warm, rather than cold countries, and occurs in the latter end of summer, or autumnal months, at the same time with Intermittent or Remittent Bilious fevers. It is a disease claiming particular attention from military Physicians, as Armies when exposed to rain during the autumnal months, or compelled to encamp, or to carry on their operations in low and marshy countries are extremely liable to be attacked with this scourge, and often during such campaigns more men perish from this cause than by the sword.

Symptoms of Dysentery

Dysentery is a disease generally characterized by frequent mucous discharges, sometimes tinged with blood, at other times not. In the latter case constituting the Dysenteria Alba or morbus mucosum of Doctor Rhoderer.

It is also attended with much griping and tenesmus, fruitless attempts at stool and in the indulgence of them little being voided and that of an unnatural appearance; the excrementitious matter commonly consists of mucus mixed with blood, and at times of a thin serous matter, or fragments of a membranous appearance consisting of coagulable lymph: these have been erroneously supposed to be abrasions of the villous coat of the intestines.

When natural faeces do occur they are in the form of scybala, of a hard texture and rounded shape, corresponding with the cells of the colon in which they probably have lain since the commencement of the disease.

Dysentery is often ushered in by a Diarrhoea, though, at times obstinate constipation marks the approach of the disease several days previous to the attack, attended with flatulence and considerable disorder of the stomach.

But in whatever way it makes its first appearance, it now puts on its characteristic symptoms; Stools at times pure and unmixed blood is voided in considerable quantities. Streaks of blood with the faecal discharges denote opening of small vessels at the extremity of the Rectum.
The stools at the commencement have a faint smell, but should mortification ensue the foetor is intolerable. Dysentery is generally complicated with fevers, and these put on different types, being Intermittent, Remittent and sometimes of a Typhus character.

Termination of Dysentery

The termination of this disease is various. it sometimes ceases gradually after proper treatment, the stools becoming natural and the griping with the tenesmus entirely disappearing. In other cases the disease after continuing for some time ends in a Diarrhoea, accompanied

with Lienteric symptoms: this complaint sometimes terminates in a severe attack of Rheumatism, being as it were thrown upon the extremeties, and owing to this cause some have gone so far as to consider it a Rheumatic affection of the bowels. Our prognosis in this disease should be extremely guarded, as apparently desperate cases at times recover. We may consider the patient in danger when the first puke and purge does not relieve him. The symptoms with the fever continuing to increase, the pulse fluttering and Intermittent, the countenance much changed, the patient restless without complaining of griping; also cases attended with little or no discharge from the bowels, here inflammation probably transcends the secretory point, these appear to be of the nature of Colic, the pain being similar and generally terminates fatally. In the low and advanced Stages, hiccup if obstinate denotes mortification

Causes of Dysentery

The causes of Dysentery are crude indigestible and acrid matters taken into the stomach. The ordinary cases of autumnal or Intermittent fevers, sensible qualities of the atmosphere, as sudden transition from heat to cold, or from dryness to humidity. It alternates with Rheumatism, and appears to be of a Rheumatic nature; It may be considered as a disease originating from marsh Effluvia, and peculiarities of the atmosphere. We must infer from this, its seat is in the stomach; finally extending itself to the great Intestines. The actual condition of the parts produced by the above causes, and upon which most of the symptoms depend appears to be an inflammatory state of the mucous membrane lining the Primæ Viæ, especially the great Intestines, together with this and probably in a great measure caused by it, there is a preternatural constriction of the muscular

fibres of the intestines. Those two circumstances are sufficient to explain many of the symptoms. The retention of the natural faeces in the colon will account for the nonappearance of natural excrements and the inflamed state of the lining membrane for the effusion of serum. We accordingly find upon dissection when there is not too much disorganization from Gangrene, constrictions of the colon, and the consequence of violent inflammation may always be detected such as thickening of the intestines, ulcerations of the colon and rectum; though the latter is by no means a necessary consequence of Dysentery. A pustular appearance of the Colon and rectum is sometimes found which extends through their whole length.

The small intestines are seldom found in a diseased state.

Diagnosis

Dysentery resembles Diarrhoea in some respects but may be distinguished from it by the tenesmus and smallness of the evacuations, though the latter symptom often attends Diarrhoea, especially of advanced life; also by the discharges of blood which do not occur in Diarrhoea. The fever in Dysentery may also serve as a distinguishing mark. The two diseases sometimes run into each other.

Treatment of Dysentery

Dysentery may be considered as a disease in which the efforts of nature towards effecting a cure, are for the most part abortive. But if the view I have taken of the disease be correct as I conceive it is, considering it to be an inflammatory affection of the lower bowels especially of their internal coats, accompanied with stricture of the colon, which is to be considered in a great measure as an effect of the inflammation; the indications of cure

are sufficiently obvious. Our first object should be to lessen or remove the inflammation together with the morbid irritation and spasms attending it: and for effecting this, nothing seems to answer so well as venesection; and in strong and plethoric habits where inflammatory symptoms run high, blood in considerable quantities should be drawn, the operation being repeated as often as the state of the system demands it. But during some seasons when the system seems disposed to fall into the Typhoid condition; caution in the use of bloodletting becomes necessary, but generally in our climate it is called for as a prelude to the rest of the treatment; and in the words of a worthy and distinguished Professor excels all other means in awakening susceptibility to remedial impressions. We next nauseate and attempt to vomit; when there is a collection of bile, resort to Emetics and this is particularly necessary in the Dysentery arising in miasmatic countries. The Tartarised Antimony appears to be the best

vomit; but should a milder be required we may resort to the Ipecacuanha, but the principal object to be obtained in a recent case of Dysentery is an ample evacuation of the intestinal canal. The morbid secretions into the bowels together with the morbid matters already there, no doubt have a tendency to increase all the symptoms.

The indications now to be fulfilled are the removing these, with as little irritation to the inflamed parts as possible. For this purpose we resort to the milder cathartics, and to succeed the Emetic, nothing appears to be preferable to the castor-oil, Glauber or the Epsom salts, given in solution with Emetic-Tartar; will be found extremely serviceable; this generally causes a copious evacuation. At times however the bowels will not be acted upon by the above articles, here we must resort to an infusion of Senna holding Glauber salts in solution. In cases arising in miasmatic

districts, and those of a bilious character; mercurial purges will be found most useful; large and repeated doses of Calomel combined with opium will be found to answer extremely well; we know one valuable property of Calomel when applied to inflamed surfaces, as it would be in this, it does not increase the inflammation or excite irritation. It may also be given in combination with Rheubarb. In conjunction with the above treatment mucilaginous injections will be found necessary; they may be composed of Flaxseed-tea, Gum arabic, or starch. After evacuations, and before, if the pain be distressing, opiates may be given; when exhibited during the evening we should reap most benefit from them, as sleep taken during night appears to be more refreshing than that taken during the day
The opiate practice should never seriously interfere with the operation of the purgatives.

We generally continue the purging until the stools become natural, and for this purpose we must alternate the different purgatives. Should the stools still continue Dysenteric, and symptoms of approaching gangrene appear, the Spts. of Turpentine with castor-oil appears to be the best remedy.
The turpentine appears to increase the purgative operation of the oil, and the salutary effects, which result from its use in gastric and other affections of the alimentary canal about to terminate in gangrene, may be expected from its use in Dysentery; especially when accompanied with much pain and tension of the abdomen; we should also wring cloths out of it, and apply them to the belly. Like most other diseases partaking of the nature of our autumnal fevers this disease is complicated with a stricture of the extreme vessels and consequently a suppression of perspiration. It therefore becomes an object of primary importance to restore this function

to its natural and healthy state; and for this purpose the antimonial preparations have been highly spoken of: but much more may be expected from a combination of opium, Ipecacuanha and Calomel; this will be found to answer better than Dovers powders; for calomel in small doses is found to be very beneficial in complaints of the bowels; and Ipecacuanha to be serviceable where there is much tenesmus. In conjunction with these, where there is much tension of the abdomen, we may employ fomentations. The warm bath will be found a remedy of much importance. Blisters are indispensable in this stage of the disease: a large one should be applied to the abdomen, so as to cover the lower part of it; it will subdue inflammation and lessen constriction and morbid irritation of the part: but in some cases of this obstinate and frequently fatal complaint, notwithstanding the use of all the above remedies in the early and acute

stages it continues unbroken; the mouth, tongue and throat covered with aphthae, the pulse feeble and small, the strength sunk, the body more or less emaciated, and in addition to this perhaps great anxiety at the praecordia with extreme difficulty of breathing, the stools frequent and small; consisting of sanies or purulent matter mixed with blood, the tormina and tenesmus distressing. In this advanced stage of the disease the evacuating of the offending matter from the bowels is our chief object; and for this purpose the mildest medicines must be employed, we must endeavour to sheath the bowels by bland mucilaginous and oily drinks, to allay pain and irritation. For fulfilling the first indication we may employ castor-oil with the Spts. of Turpentine, or any of the mild oils combined with the Tincture of Rheubarb, also gum arabic, or any of the mucilaginous diluents, holding the neutral salts in solution,

and given in conjunction are well adapted to this stage of the complaint. Should the tormina and tenesmus be distressing, the oleaginous mixture will be found highly serviceable. We may also employ the cretaceous julep, and in conjunction with the above mild injections, Flaxseed tea or mutton suet. But the best remedy of all for allaying the tormina and tenesmus is an injection of melted Butter. This should be free from salt and rancidity and administered in the quantity of half a pint or three gills; when there is much pain and tenesmus and especially where the Clysters cannot be retained any time, it becomes necessary to combine Laudanum with them; or put an old opium pill or two up the rectum; the intestines will make no effort to expel them, and some benefit will generally result from the alleviation of the tormina and tenesmus. In all bowel affections, and particularly in

Dysentery; great attention should be paid to diet. It should consist of light nutritious and wholesome food, principally of a fluid and mucilaginous nature. Barley water, Decoction of Elm, Loaf-sugar and water, and such like things are proper in the commencement of the disease. In the more advanced stage of the complaint. the articles of diet should consist of the more nourishing, Farinacea; as the arrowroot, Sago, Tapioca and Sanada are all proper, guarding carefully against excesses or indulgence in any indigestible food: on the contrary, selecting such as are light and digestible. In some cases Dysentery assumes the chronic form, and the patient is kept low by the irritation of tenesmus or by frequent returns of Diarrhoea.
Salivation may here be resorted to with marked advantage; the calomel may be given in small doses together with friction of

mercurial ointment. The Blisters on the abdomen should be kept running, and a flannel roller applied round the belly of the patient. We may here give a grain or two of Ipecacuanha combined with opium with marked advantage; also the Decoction of Logwood, and to this we may add the Infusion of Colomba; and if the patient have sufficient strength, riding on horseback. If the food be carried off undigested, constituting a Dientery of the bowels which is owing to an enfeebled state of them, the astringent substances, such as Logwood, Catechu and the Dew berry root may be administered. To prevent a relapse, the patient should be warmly clothed with flannel next the skin; use gentle exercise in the open air, observe regular hours in eating and sleeping and every other means of restoring the healthy functions of the body

I must now close this brief and imperfect essay; but, previously to concluding, I must express my warmest thanks in return, for the instruction and knowledge I have gained, in attendance on your highly instructing and interesting Lectures; and that you may individually by your useful labours, continue to uphold the reputation of the first medical school in the new world, and that your lives may be long and prosperous is the sincere wish of one who is now constrained to claim a share of that indulgence and liberality by which you have been heretofore characterized.